L12000141182

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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT. V4	LOR MMA	440	
SUBJECT:	LOR MMA Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	DANIEL	ROMANO Name of Person	
		Name of Person	
	VALOR M	MA LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	120 VIA	+ QUANTERA Address	
		Address	
	PALM BEA	CITY/State and Zip Code	- 33418
	N 1-	City/State and Zip Code	
	DANROMA (91 @ Y4H00-CDM be used for future annual report notification	200)
For further information cond	cerning this matter, please ca		ж
DANIEL RO	MANO	at (<u>954)</u> 224-0 Area Code & Daytime Tel	138
Name of Pe	erson	Area Code & Daytime Tel	ephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALOR MMA		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	any were filed on $11/07/20$	> 1 2 and assigned
Florida document number <u>L12000141182</u>	,	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	liahility company bere	13 FEB 27
and the manne of the minter	nability company nere.	****
The new name must be distinguishable and end with the words "I	imited Liability Company "the design	
"L.L.C."	annied Eldomity Company, the design	Co
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	")	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	office address on our records,	enter the name of the no
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		enter the name of the ne
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		enter the name of the no
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the no
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	here: Enter Florida str	reet address
	here: Enter Florida str	

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EDSON BARBORA JR		Add
			Remove
M <u>GRM</u>	MARLON MORAES	4115 JOHNSON DAIRY RI	Add
		PALM BEACH GARDENS, FL	Remove
MGRM	RAPHAEL CHAVES		Add
		UNIT #668	Remove
			ကြေ Add
			Remove
			Add Remove
			Add
			Remove

Įf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	2/25 , 2013
	RO
	Signature of a member or authorized representative of a member
	DANIEL ROMANO
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00